

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METHOD AND APPARATUS FOR  
THERMOFORMING HOLLOW BODIES OF  
THERMOPLASTIC MATERIAL  
Attorney Docket Number:: 2511-1057  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: MAURIZIO  
Middle Name::  
Family Name:: CASTIGLIONI  
Name Suffix::  
City of Residence:: BUSTO ARSIZIO (VA)  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA E. FILIPPINI 12  
Address::  
City of Mailing Address:: BUSTO ARSIZIO (VA)  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20151

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: MAURIZIO  
Middle Name::  
Family Name:: CRIVELLI  
Name Suffix::  
City of Residence:: POGLIANO MILANESE (MI)  
State or Province of Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA L. CHIESA 3  
Address::  
City of Mailing Address:: POGLIANO MILANESE (MI)

State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: LUCIANO  
Middle Name::  
Family Name:: D'ADDA  
Name Suffix::  
City of Residence:: POGLIANO MILANESE (MI)  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA EUROPA 36  
Address::  
City of Mailing Address:: POGLIANO MILANESE (MI)  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-20010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: DAVIDE  
Middle Name::  
Family Name:: MARIANI  
Name Suffix::  
City of Residence:: SARONNO (VA)  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA C. MIOLA 47

Address::

City of Mailing Address:: SARONNO (VA)

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-21047

#### **Correspondence Information**

Correspondence Customer 00466

Number::

#### **Representative Information**

Representative Customer	00466
Number::	

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/006605	6/18/04

#### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2003 A 001520	7/24/03	Yes

**Assignment Information**

Assignee Name:: TECNOS S.P.A.

Street of Mailing VIA DELLA MERLATA

Address::

City of Mailing Address:: NERVIANO (MI)

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20014